

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90122 017 \*\*\*317.50

**DOCUMENT # P95000094254**

1. Corporation Name

**PRECISION PARTNERS, INC.**

Principal Place of Business

**4501 SW 34TH ST  
ORLANDO FL 32811  
US**

Mailing Address

**237 ERNESTINE STREET  
ORLANDO FL 32801  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/07/1995**

4. FEI Number

**59-3358636**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

**MOORE, DONALD L JR  
237 ERNESTINE STREET  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

**JACK KATZ**

82 Street Address (P.O. Box Number is Not Acceptable)

**4501 S.W. 34th STREET**

83

84 City

**ORLANDO**

**FL**

85

Zip Code

**32811**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

*Jack Katz by VT President 4/28/99*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, DONALD L JR	
STREET ADDRESS	237 ERNESTINE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KATZ, JACK	
STREET ADDRESS	4501 SW 34TH STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	COOK, CATHERINE	
STREET ADDRESS	4501 SW 34TH ST	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jack Katz by VT President 4/28/99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)